

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/50627

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6	1					
7						
8						
9						
10						
11						
12						
13	1		1			
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24	1					
25						
26						
27						
28						
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33						
34						
35						
36	2					
37						
38						
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47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			20			
TOTAL CLAIMS			23			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.			4			
TOTAL DEP.						
TOTAL CLAIMS						